

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 07/09/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/11/2006						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	5	91	86
3404904	WESTERN HIGHLAN DS LME	8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	2	90	88
3404910	PATHWAYS	11	104	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	138	2467	2327
		143	7	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	148	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	154	195	3350	3155
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	196	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8932	92	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	182	378	378	0
		8935	60	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	8599	168	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	68	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	56	365	5098	4733
		537	62	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0


PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM	8	180	2803	2623
		537	15	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL L AREA MH D	8599	209	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	190	DUPLICATE OF CLAIM-SYSTEM	0	473	1852	1379
		5404	60	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404923	FIVE COUNTY MH	11	1059	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	66	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	1176	1496	320
		8329	22	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404925	SANDHILLS CENTE R FOR MH/DD	21	83	DUPLICATE OF CLAIM-SYSTEM				
		8931	60	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	66	313	645	332
		120	47	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	3411	182	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	39	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	263	2066	1803
		21	17	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8622	62	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	194	1626	1432
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	34	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	35	57	203	146
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	11	1131	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	1340	4634	3294
		21	29	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	3411	15	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	16	288	272
3404934	ONSLow CARTERET BEHAV HEAL	11	291	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	69	DUPLICATE OF CLAIM-SYSTEM	0	473	693	220
		3411	36	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	6	DUPLICATE OF CLAIM-SYSTEM	1	22	525	503
		191	5	CLIENT ID NUMBER DOES NOT MATC				

				H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGEcombe NASH MNTL HLTH C	21	14	DUPLICATE OF CLAIM-SYSTEM				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	20	1330	1310
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE ALTH CENTER	21	162	DUPLICATE OF CLAIM-SYSTEM				
		5404	26	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD	0	196	1537	1341
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404941	PITT CO MH/DD/S AS CENTER	21	573	DUPLICATE OF CLAIM-SYSTEM				
		8599	146	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	986	5845	4859
		3411	134	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	60	DUPLICATE OF CLAIM-SYSTEM				
		8536	25	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING FR	11	99	974	875
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	63	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	38	222	1894	1672
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	21	960	DUPLICATE OF CLAIM-SYSTEM				
		79	71	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	1098	1274	176
		5404	55	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS
					DENIALS	DENIALS	FINALIZED
3404946	FOOTHILLS AREAM	8599	219	DETAIL NOT COVERED BY COMBINAT			
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
		8622	147	60 RESIDENTIAL LEVEL II TREATM	16	632	3537
				ENT RECEIVED, PA IS REQUIRED			2905
				FOR ADDITIONAL SERVICE.			
		537	137	PROCEDURE IS NOT COVERED FOR T			
				HIS DATE OF SERVICE			
3404957	TIDELAND MENTAL	8931	4	AMTNC INELIGIBLE TO RECEIVE SE			
	HEALTH CTR			RVICES IN IPRS.			
		8599	4	DETAIL NOT COVERED BY COMBINAT	5	11	377
				ION OF RECIPIENT, PROVIDER AND			366
				BENEFIT PACKAGE.			
		5404	1	SEVERE DUPLICATE: SAME ATTD PR			
				OV/PCODE/TOS/DOS/MOD			
3404979	NEW RIVER AREAM	537	13	PROCEDURE IS NOT COVERED FOR T			
	H/DD/SA PRO			HIS DATE OF SERVICE			
		21	12	DUPLICATE OF CLAIM-SYSTEM	0	27	458
							431
		10	1	DIAGNOSIS OR SERVICE INVALID F			
				OR CLIENT AGE. VERIFY CID,			
				DIAGNOSIS, PROCEDURE CODE FOR			